Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

421876		143002337
g. 1 1) ions Carrier (ETC) must provide a	Service Provider Identification Number (SPIN) certification form for each SAC through which it provides Lifeline service).
2017	МО	Farber Telephone Company
Recertification Year	State	ETC Name
N/A		
DBA, Marketing, or Ot	her Branding Name	Holding Company Name
DBA, Marketing, or Ot (If same as ETC name, list "N	/A" Do <u>not</u> leave blank)	(If same as ETC name, list "N/A" Do not leave blank)
(If same as ETC name, list "N	any have affiliated ETCs?	(If same as ETC name, list "N/A" Do not leave blank) Yes No O
(If same as ETC name, list "N es the reporting composite a list of all ETCs that ar	any have affiliated ETCs?	(If same as ETC name, list "N/A" Do not leave blank)
es the reporting composition of all ETCs that an ermined in accordance with Sas or controls, is owned or co	any have affiliated ETCs?	(If same as ETC name, list "N/A" Do not leave blank) Yes No O L, using page 4 and additional sheets if necessary. Affiliation shall be

ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-envolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-envolled by month.

Is the ETC subject to the non-usage requirements?

Yes 🔘

No 🗿

If yes, record the number of subscribers de-enrolled for non-usage by month in $Block\ Q$ below.

Р	· Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

	CWC	
Initial		

Minimum Service Level

I certify that the company listed above is in compliance with the minimum service levels set forth in the 47 CFR Section 54.408.

I am an officer of the company named above. I am authorized to make this certification for the SACs listed above.

Initial	CWC	

Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

Report the number of Lifeline subscribers due for recertification by month (January-December)

- A. Subscribers eligible for recertification by anniversary month
- Subscribers de-enrolled prior to recertification attempts
- Total number of subscribers ETC is responsible for recertifying (A-B)

_	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
A.			0		0	0	0	0	0	0	0	0	0
В.	0	0	0	0		1 0	0	0	0	0	0	0	0
C.	0	0	0	0	1 0	10	1 0	0	0	0	0	0	0
C.	0	0_	0	U	1 0								

Recertification Methods

State of federal database

D. Subscribers recertified through ETC access to state or federal database by anniversary month

Report the number of eligible subscribers verified through access to a state or federal database.

Ð	enari	the number of	of eligible su	bscribers ve	rified throug	h access to a	state or fede	ral database.		~	0.4	Movi	Dec	Year
Ê	JP GTT	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
١		· · · · · ·										0		0
Ī	D.		n	\ n	0	0	0	0	j O	0	<u> U</u>	U	U	
1		U	<u> </u>						<u> </u>					

E. Name of the data source(s) used to verify consumer eligibility:

ETC Direct Contact

Subscribers contacted by ETC directly to recertify (You may also use this section to report subscriber initiated recertifications).

Report the number of Lifeline subscribers the ETC contacted directly to obtain recertification of eligibility

Repor	t the number	of Lifeline	subscribers tl	ne ETC conta	cted directly	to obtain rec	enincation (4 engining	Carr	Oct	Nov	Dec	Year
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	000	1101		Total
									<u> </u>		_		0
F.	0	_	n	ln	l 0	0	0	0	0	0_	U	U	U
	0	<u> </u>											

G. Subscribers who failed to recertify through ETC direct outreach attempt

Report the number of Lifeline subscribers de-enrolled due to ineligibility or non-response to the ETC's outreach attempt

Renor	t the number	of Lifeline s	ubscribers de	enrolled du	e to ineligibi	lity or non-re	sponse to the	e ETC's outr	each attempt		Nov	Dec	Year
Teoper	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	TAGA	Dec	Total
						 	 			0	0	0	0
G.	0	0	0	0	0	0	U	U	U				

H. Subscribers who recertified through ETC direct outreach attempt

Report the number of Lifeline subscribers that successfully recertified through ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
H,	0	0	0	0	0	0	0	0	0	0	0	0	0

Third Party

Subscribers whose eligibility was reviewed by state administrator, third party administrator, or USAC

Report the number of Lifeline subscribers contacted by a state administrator, third party administrator, or USAC for the purpose of recertification.

Теро	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
Ĭ.	0	0	0	0	0	0	0	0	0	0	0	0	0

- Name of third party administrator used to verify subscriber eligibility:
- K. Subscribers de-enrolled as a result of a third party recertification attempt

Report the number of subscribers as a result of ineligibility or non-response to outreach from a state administrator, third party administrator, or USAC.

respon	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
K.	0	0	0	0	0	0	0	0	0	0	0	0	0

L. Subscribers who recertified through a state administrator, third party administrator, or USAC's recertification effort

Repor	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oet	Nov	Dec	Year Total
L.	0	0	0	0	0	0	0	0	0	0	0	0	0

Certification:

Recertification Method: Database

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on a database. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

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	Initial		

Recertification Method: ETC

I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline

subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting
to their continuing eligibility for Lifeline. I am an officer of the company named above. I am authorized to make this
certification for the SAC(s) listed above.
Initial CWC
Recertification Method: Third Party
I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on an

administrator. I am an officer of the company named above. I am authorized to make this certification for the SAC(s)

Initial

listed above.

No Subscribers

I certify that my company did not claim federal low income support for any Lifeline subscribers for the current Form 555 data year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial _____

M = (G+K)	N = (D+F+I)	O = M/N*100
Total number of subscribers de-enrolled as a result of recertification	Total number of subscribers ETC is responsible for recertifying	Percent of subscribers due for recertification who were de-enrolled
0	0	0.0%

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,	
Charles V	W. Crow President
Signature o	f Officer
ccrow@	ftco.net
Email Add	ress of Officer
Charles	W Crow
Danson Com	ploting This Costification Forms

Charles W. Crow President Printed Name and Title of Officer Jan 22, 2018 Date 573-249-9800 Contact Phone Number

Affiliated ETCs

SAC	Name